

SECTION 5 - TESTS

Within the last 12 months, have you had any of the following tests for your illnesses, injuries, or conditions? Also, provide this information if you are scheduled for tests in the future.

☐ YES (Complete the following information, give approximate dates, if necessary.)

☐ NO (Skip to SECTION 6.)

KIND OF TEST	WHEN WAS/ WILL TEST BE DONE? (month, day, year)	WHERE DONE? (name of facility)	WHO SENT YOU FOR THIS TEST?
EKG (HEART TEST)			
TREADMILL (EXERCISE TEST)			
CARDIAC CATHETERIZATION			
BIOPSY - Name of body part			
HEARING TEST			
SPEECH/LANGUAGE TEST			
VISION TEST			
IQ TESTING			
EEG (BRAIN WAVE TEST)			
HIV TEST			
BLOOD TEST (NOT HIV)			
BREATHING TEST			
X-RAY – Name of body part			
MRI/CT SCAN – Name of body part			

If you need more space, use SECTION 10 - REMARKS.